This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

				Return completed workbook by
STATEME	NT OF ACCOUNT	FOR COPYRIC	email to	
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instruc	ns (Short Form) tions are located f this workbook.	2/28/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period	2022	2 Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of subsidiary, not that of the parent corpor		ary of another corporation, give the full corporat	te title of the
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
		e accounting period, only the owner on th ment covering the entire accounting peri	e last day of the accounting period should submi od.	it a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	ssigned by the Licensing Division.	063780
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	CEQUEL COMMUNICATIONS LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
	SUDDENLINK COMMUNICATIONS			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	3027 S SE LOOP 323 (Number, street, rural route, apartment, or suite	number)		
	TYLER, TX 75701 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to iden	tify the business and operation of the sy	stem unless these

 

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 System
 1
 IDENTIFICATION OF CABLE SYSTEM: ROXBURY CORRECTIONAL FACILITY

 MAILING ADDRESS OF CABLE SYSTEM:
 2

 (Number, street, rural route, apartment, or sulte number)

 (City, town, state, zip code)

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Accounting Period:		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063780						
	CEQUEL COMMUNICATIONS LLC Instructions: List each separate community served by the cable system. A "comm							
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "f community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the iden city.							
Served								
	CITY OR TOWN	STATE						
First	HAGERSTOWN	MD						
Community	(ROXBURY CORRECTIONAL)							
Add Rows as Necessary								
, ad nons as necessary								

	FO LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	CEQUEL COMMUNICATIONS LLC										
E	SECONDARY TRANSMISSION In General: The information in s					transmission se	ervice of th	ie cable			
	system, that is, the retransmission	on of television a	and rad	io broadcasts b	y your sys	stem to subscrib	ers. Give i	nformation			
Secondary	about other services (including p						iose existii	ng on the			
Transmission	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub- scribers and	down by categories of secondary	•									
Rates	each category by counting the nu			0 / 1							
	separately for the particular serv	-				• •		0			
	Rate: Give the standard rate c	-	-	•			-				
	unit in which it is generally billed.	· ·	,		y standaro	d rate variations	within a pa	articular rate			
	category, but do not include disc Block 1: In the left-hand block				es of seco	ndary transmiss	ion servic	e that cable			
	systems most commonly provide			0							
	that applies to your system. Note										
	categories, that person or entity						•				
	subscriber who pays extra for ca					in the count und	er "Servic	e to the			
	first set" and would be counted once again under "Service to additional set(s)."										
	<b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together										
	with the number of subscribers a										
	sufficient.										
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		0	-							
	<ul> <li>Service to additional set(s)</li> </ul>										
	<ul> <li>FM radio (if separate rate)</li> </ul>										
	Motel, hotel										
	Commercial		64	42.41							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES							
F	In General: Space F calls for rat		'		•						
Г	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•									
Other Than											
Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.										
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
				BLOCK 2							
	CATEGORY OF SERVICE	BLOC RATE		ORY OF SER	/ICE	RATE	CATEG	ORY OF SERVIC	E RATE		
	Continuing Services:			tion: Non-resi							
	• Pay cable	-	• Mot	el, hotel							
	• Pay cable—add'l channel	-	• Cor	nmercial							
	Fire protection		• Pay	cable							
	•Burglar protection			cable-add'l ch	annel						
	Installation: Residential			protection							
	First set	-		glar protection							
	<ul> <li>Additional set(s)</li> </ul>	- (		ervices:							
	• FM radio (if separate rate)		• Rec	connect		-					
	• Converter		• Dise	connect							
				let relocation		-					
	1		2.01				·····				
			• Mov	ve to new addre	SS	-					

ccounting Period: 2	2022/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID					
Name	CEQUEL COMMUNICATIONS LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
<b>G</b> Primary	carried by your cable syster FCC rules and regulations i	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections .59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
Transmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations ca iles, regulations, or authorizations:	arried by your cable system on a sub	ostitute program					
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.							
	basis. For further information Column 1: List each station	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	see page (v) of the general instruct program services such as HBO, ESF	ions. N, etc. Identify each					
	of license. For example, Wi	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	C C						
	educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the locatio	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	4. LOCATION OF STATION							
	WDCW-1	50	L	WASHINGTON, DC					
	WHUT-1	6	Е	WASHINGTON, DC					
Add Rows as Necessary	WJLA-1	7	N	WASHINGTON DC					
	WRC-1	4	N	WASHINGTON, DC					
	WTTG-1	5	I	WASHINGTON DC					
	WUSA-1	2	N	WASHINGTON DC					
	WETA-1	8	E	WASHINGTON DC					
	WDCA-1	9	-	WASHINGTON DC					
			· · ·						
		•••••••••••••••••••••••••••••••••••••••							

EGAL NAME OF									SYSTEM 063
	every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					ied on an	н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate t <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein t the Cop sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under ( tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t ti sy: nis	he system's hea stem's FM anter point, see page by the cable sy station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		1			2,0		
				+					
				-					
				-					
				-					
				-					
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Accounting Perio	d: 2022/2					FO	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	CEQUEL COMMUNICA	TIONS LL	.C				063780
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG			
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC0	C rules, regulati	ions, or authorizations	. For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute basis	s, any nonnetw	vork television progra	am
Program Log	broadcast by a distant stat	ion?				YES	×NO
	Note: If your answer is "No.	" loovo tho	roct of this pag	o blank. If your answor is "			-
	<b>Note:</b> If your answer is "No,	leave the	rest of this pag	e blank. Il your answer is	res, you mus	a complete the progr	am
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	Me				
	In General: List each subst			te line. Use abbreviations v	wherever poss	ible if their meaning	is
	clear. If you need more space					iolo, il tiloli motaling	
				sion program ("substitute p			
	period, was broadcast by a						
	under certain FCC rules, reg Do not use general categori						
	"NBA Basketball: 76ers vs.			toall. Elst speellie program		imple, TEOVE Edey C	
			lcast live, enter	"Yes." Otherwise enter "N	lo."		
		•		sting the substitute program			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			1
				em carried the substitute p			onth
	first. Example: for May 7 giv		inten jeur ejet		egiani eee		
				gram was carried by your o			tely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:28	:30 p.m. should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that yo	ur system was <i>requi</i> i	red
	to delete under FCC rules a						
	was substituted for program	ming that y	our system wa	s permitted to delete under	r FCC rules an	d regulations in	-
	effect on October 19, 1976.						
					WHEN	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
						_	
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Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CEQUEL COMMUNICATIONS LLC	S	YSTEM ID# 063780
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service Imount, see	5,348.00 sss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00.	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263.800 (but less than \$527.	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filler Fr			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: MUNICATIONS LLC				SYSTEM ID# 063780
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's al number of channels on wh ed television broadcast statio al number of activated chann e cable system carried televis	s total nur ich the ca ns els on broade		he accounting period.	8 28
N Individual to Be Contacted		O BE CONTACTED IF FUR1 t about this statement of acco		ORMATION IS NEEDED (Identify a	an individual	
for Further Information	Name	RODNEY HASKINS			Telephone	(903) 579-3152
	Address 	3027 S SE LOOP 32 (Number, street, rural route, apar TYLER, TX 75701 (City, town, state, zip)		uite number)		
	Email	RODNEY.HAS	KINS@A	ALTICEUSA.COM	Fax (optional	
	CERTIFICATION	(This statement of account n	nust be ce	ertified and signed in accordance w	ith Copyright Office regulations)	
O Certification		ed, hereby certify that (Check or other than corporation or		<i>nly one</i> , of the boxes.) <b>ip)</b> I am the owner of the cable syste	em as identified in line 1 of space E	3; or
		t of owner other than corpor	ation or p	<b>partnership)</b> I am the duly authorized is not a corporation or partnership; or	agent of the owner of the cable s	
	X (Offic			oration) or a partner (if a partnership)		er of the cable system
	are true, comple			eclare under penalty of law that all st dge, information, and belief, and are		
	I		X	/s/ Alan Dannenbaum		
				electronic signature on the line above gnature using an "/s/ signature" (e.g.,		
		Typed or printe	d name:	ALAN DANNENBAUM		
		Title:		PROGRAMMING al position held in corporation or partnershi	p)	
		Date:			2/28/2023	

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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
QUEL COMMUNICATIONS LLC	063780
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	<b>Q</b> Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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